Data Validation Monitoring System for Student Discipline Records

Guidance for Local Education Agencies

Division of Program Monitoring and Interventions
Introduction

During the 78th Legislature Regular Session (2003), Texas Education Code was amended to require an annual electronic audit of discipline/dropout data, discipline data, assessment data and report to the Legislature based on the audit findings. House Bill 3, passed during the 81st Legislature Regular Session (2009), maintained this requirement in the Texas Education Code (TEC) §7.028, §39.057, §39.308, and §37.008. The TEA monitors the accuracy of data in the Public Education Information Management System (PEIMS) and the accountability system under Chapter 39. The Division of Program Monitoring and Interventions implements the data validation monitoring (DVM) system for student leaver records (DVM-L), student discipline records (DVM-D), and student assessment records (DVM-SA) to monitor the accuracy of data submitted by school districts and used in the state’s academic accountability rating and the Performance Based Monitoring Analysis System (PBMAS).

There are key differences between data validation indicators used as part of the DVM system and the performance indicators used in the PBMAS. A PBMAS performance indicator yields a definitive result, e.g., 85% of a district’s graduates completed the Recommended High School Program. A data validation indicator typically suggests an anomaly that may require a local review to determine whether the anomalous data are accurate.

Determinations regarding monitoring and interventions are the result of a data validation analysis implemented by the agency’s Performance-Based Monitoring (PBM) Division. Information related to the discipline records data validation indicators calculated by the PBM Division is available in the 2014 Discipline Records Data Validation Manual. The results of the data analysis are made available to districts, including charter schools, in the form of a district-level summary report (titled 2014 Data Validation Report: Discipline Records) and student-level reports (titled 2014 Data Validation Report: Discipline Records (Student-Level Data)) posted on the PBM tab of the Accountability application in the TEA Secure Environment (TEASE).

The 2014 discipline records data validation analysis is based on PEIMS data from the 2013-2014 school year, which were submitted by districts in June 2014. Indicator #9 also includes an analysis of discipline data from the 2011-2012 and 2012-2013 school years. Longitudinal data regarding the number of years the district triggered the indicator was also used in determining the assigned stage of intervention. More information regarding how districts were staged for information is available in the How Was My District Selected for DVM-D Intervention Activities document.

Districts identified for DVM interventions participate in specific activities to collect and analyze data to determine why the district was identified for that indicator; determine the frequency and source of any reporting errors; identify trends and patterns; and evaluate the effectiveness of data reporting systems, policies, and procedures. Required intervention activities include:

- Indicator workbook which contains a data analysis and a student level data review (SLDR), when applicable;
- DVM-D corrective action plan (DVM-D CAP), as applicable; and
- Submission of supporting documentation for records included on a SLDR.

Intervention Stages and Designation

The purpose of intervention stages and designation is to provide guidance to the district regarding the activities that will be required for a specific stage of intervention or designation. The intervention stages and designation for the DVM-D system are displayed in the Intervention Stage and Activity Manager (ISAM) in TEASE and are described below.

Stage 3 – Districts will complete the DVM-D workbook for the indicator triggered and develop a DVM-D CAP to address any discipline record coding or documentation discrepancies, program effectiveness concerns, and/or noncompliance. Districts will submit the DVM-D workbook, DVM-D CAP, and the supporting documentation for
student discipline records included on a SLDR to the agency for review through ISAM. Additionally, districts will engage in follow-up support activities to help ensure the successful implementation of corrective actions and discipline records data submission. Specific follow-up activities will be determined after the review of the submitted DVM-D workbook and DVM-D CAP. The TEA support specialist assigned to the DVM-D review will contact the district regarding the follow-up activities.

**Stage 2** – Districts will complete the DVM-D workbook for the indicator(s) triggered and develop a DVM-D CAP to address any discipline record coding or documentation discrepancies, program effectiveness concern, and/or noncompliance. Districts will submit the DVM-D workbook, DVM-D CAP, and the supporting documentation for student discipline records included on a SLDR to the agency for review through ISAM.

**Stage 1** - Districts will complete the DVM-D workbook for the indicator triggered and develop a DVM-D CAP to address any discipline record coding or documentation discrepancies, program effectiveness concerns, and/or noncompliance. Districts will maintain the DVM-D workbook, DVM-D CAP, and the supporting documentation for student discipline records included on a SLDR locally. These documents will be submitted to TEA only upon request for review, verification, and validation of the DVM-D intervention process.

Additional information regarding the identification criteria for each stage of intervention can be found in the [How Was My District Selected for DVM-D Interventions Activities](http://www.tea.state.tx.us/regional_services/esc/) document on the TEA website.

**Post Visit Interventions**

Post Visit Interventions (PVI) designates that a district received an on-site DVM-D review the previous year and is required to initiate or continue implementation of report requirements and update the DVM-D CAP to show corrective actions being implemented to address report findings. The district also may be required to engage in other customized intervention activities. These determinations will be made by TEA, with the requirements being documented and the submission dates established in ISAM. This intervention type is displayed in a parenthetical following the stage of intervention on the Event Summary page for a district[e.g. Stage 3 (Year After On-Site)].

**District Leadership Team**

The district leadership team is responsible for conducting all DVM-D intervention activities. Participants of the district leadership team must be involved during the process, but tasks, responsibilities, or type of involvement may vary among team members. Individuals selected should not serve dual roles, and it is recommended that all instructional levels in the district be represented (i.e., elementary, middle, and/or high school levels). Once assembled, it is expected that the original team members will remain in place as the district conducts required intervention activities and implements any necessary corrective actions. In addition, the district may decide that additional team members may be needed to complete a particular activity or intervention.

Note: It is strongly recommended that your regional education service center (ESC) staff be consulted and utilized as technical resources related to the identification and correction of data reporting and documentation errors. This is particularly critical when indicators are flagged for review and the district is unable to confirm the accuracy of the data submitted. A list of ESC contacts is available at [http://www.tea.state.tx.us/regional_services/esc/](http://www.tea.state.tx.us/regional_services/esc/) and then click the Texas Education Directory link.

**DVM-D Indicator Workbooks**

Each DVM-D indicator, with the exception of Indicator #2, has an Excel workbook that contains an Instructions tab and a Data Analysis (DA) tab. Workbooks for DVM-D indicators #1, #3, #4, #5 and the combined workbook for indicators #6, #7, and #8 contain Student-Level Data Review (SLDR), Action and Reason Codes, and Summary of Finding tabs. Districts assigned a stage of interventions for DVM-D will complete the indicator workbook for
every indicator that was triggered on the 2014 Data Validation Report: Discipline Records report. Use the DA and SLDR collectively to determine the root cause(s) for the district triggering that indicator.

All indicator workbooks are available on the DVM-D webpage on the TEA website. The specific workbooks that a district is required to complete are located on the Resources tab in ISAM. Please read the Instructions tab in each indicator workbook prior to beginning work as this tab does contain some indicator-specific information and guidance. The following sections provide more information about the DA and SLDR.

**Data Analysis**

Districts are required to conduct a DA for each indicator triggered. The DA contains open-ended questions regarding processes, procedures, training, and program effectiveness for that indicator. Districts need to enter responses in the indicator workbook to all questions in the data analysis. If noncompliance is identified, activities to address those findings must be included in the DVM-D CAP. If no data reporting errors are identified, check the box titled “no data reporting issues identified,” which is located at the bottom of the Data Analysis tab.

**Student-Level Data Review**

The purpose of the SLDR is to help the district:

- Conduct a data review of student discipline records identified by the PBM 2014 Data Validation Report: Discipline Records (Student-Level Data);
- Disaggregate this data by various criteria;
- Identify trends and patterns related to the PEIMS coding of discipline records;
- Validate and verify that the supporting documentation for discipline records meets the requirements specified in 2013-2014 Appendix E of the PEIMS Data Standards,
- Evaluate the effectiveness of data tracking systems, policies, and procedures.

To complete the SLDR, districts will create a student sample from the student-level data reports and review the supporting documentation related to the students’ discipline status to determine if the correct discipline code was originally assigned to the student and if the supporting documentation meets Appendix E specifications. The Instructions tab on the indicator workbook that contains the SLDR also provides further clarification and guidance.

**Note:** When using student data, personally identifiable information must be protected in compliance with the confidentiality requirements of the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA).

**Collecting Data for Student Disciplines**

District first need to access the student-level data reports that provide a list of the students whose discipline records were part of the PBM data analysis for the triggered indicator. The list of student discipline records identified for indicators #1, #3, #4, #5, and #9 is found in the student-level report titled PBM Data Validation Analysis: Student-Level Discipline Data. These reports are posted on the TEASE Accountability Application’s PBM tab: PBM Data Validation Analysis: Discipline Records, Student-Level Data. The following reports found in PEIMS Edit+, along with other data and reports available locally to districts, can be used to identify student information for indicators #6, #7, and #8.

- PRF5D003 (Student Roster)
- PRF7D012 (Student Disciplinary Action Detail Report by Reason)
- PRF7D013 (Student Disciplinary Action Detail Report by Action)
- PRF7D014 (Student Disciplinary Action Summary)
- PRF7D029 (Student Disciplinary Action with Campus of Disciplinary Responsibility)
- PRFOA001 (Data Element Summary Reports)
Completing the Student Level Data Review

Districts assigned a Stage 1 – If the number of students on the appropriate student-level report is equal to or less than 15, all students on the list need to be reviewed and included on the SLDR. If the student-level list contains more than 15 students, the district needs to create a student sample that is representative of the district’s demographics to review and include on the SLDR.

Districts assigned a Stage 2 or 3 – If the number of students on the appropriate student-level list is equal to or less than 30, then all students on the list need to be reviewed and included on the SLDR. If the student-level list contains more than 30 students, the district needs to create a student sample that is representative of the district’s demographics to review and report through the SLDR.

Information regarding student samples is also provided on the Instructions tab of the SLDR. The district must document and be able to demonstrate upon request its methodology in the determination of the sample. TEA reserves the right to identify additional students for which the district is required to submit supporting documentation.

On the SLDR tab, enter the requested information for each student record selected for the sample. Comment boxes are in the column headers for each column on the SLDR. These comment boxes provide additional clarification about the information districts report in that column. To access these comment boxes, put the cursor in the column header. The Document and Reason Code tab in the indicator workbook provides definitions for the options in the drop-down menus in the last three columns. Use this tab to assist in the completion of those columns.

Note: To copy and paste student information from the student list provided in the TEASE Accountability website, the information must first be converted onto an Excel spreadsheet.

Summary of Findings Worksheet

The Summary of Findings tab aggregates the data districts enter on the SLDR tab. Districts can use this aggregated data in identifying trends of accuracy and adequacy of supporting documentation or noncompliance based on discipline codes utilized in PEIMS data submission. This view of the data can assist districts in identifying the root cause of the coding and/or documentation discrepancies.

Submitting Supporting Documentation

Districts must submit the supporting documentation required by Appendix D for each student discipline record included on the SLDR. Supporting documentation is submitted via ISAM in TEASE. Submit the documentation in the same order as the names appear on the SLDR. Supporting documentation should be maintained by the district for three school years.

DVM-D Corrective Action Plan

Districts must develop a DVM-D corrective action plan (DVM-D CAP) if the district or TEA identifies supporting documentation that does not meet Appendix E requirements, program effectiveness issues, and/or noncompliance with state data reporting or documentation requirements. The plan needs to address the root causes of the coding and/or documentation discrepancies identified through the completion of the DA and SLDR.

The DVM-D CAP is an Excel template that contains two tabs: DVM-D CAP and Considerations for Plan. On the DVM-D CAP tab, enter the requested information for the corrective action strategies the district will implement. Comment boxes are in the column headers for each column on the DVM-D CAP. These comment boxes provide additional clarification about the information districts report in that column. To access these comment boxes,
put the cursor in the column header. The information below provides some additional information for the first three columns on the DVM-D CAP tab.

**Indicator Description:** From the drop-down menu, choose the DVM-D discipline record indicator that the district triggered and that the corrective action listed in that row of the plan will address. Only one indicator can be chosen from the drop-down menu. If the district triggered more than one indicator, and both indicators have the same root cause and corrective action strategy, then note the additional indicator(s) that this corrective action strategy addresses in the “Comments” column.

**Reason for Coding and Documentation Discrepancy:** If the district triggered indicators #1, #3, #4, #5, #6, #7, and/or #8, select the reason for the coding or documentation discrepancy that was identified on the last column of the SLDR tab in the DVM-D indicator workbook. There should be direct alignment between the SLDR and this column on the DVM-D CAP. If the district triggered indicator #9, the district will select “No discrepancy” in this column since there was no SLDR completed for this indicator.

**Root Cause:** Select the root cause identified during the review of the data collected through the DA and SLDR process. The Considerations for Plan tab provides some clarification on the root causes listed in the drop-down menu. If the district identifies a root cause that is not listed in the drop-down menu, then the district may select “Other” and provide additional information about its identified root cause in the Comments column.

**Corrective Actions/Improvement Activities:** Describe the corrective action strategy planned to address the root causes for the identified coding errors, documentation discrepancies, and/or program effectiveness issues. In developing corrective action strategies, consider the factors outlined on the Considerations for Plan tab. Only one corrective action strategy should be entered in a single row of the DVM-D CAP.

**Start Date:** Indicate the specific date the corrective action strategy will begin.

**Projected Completion Date:** Indicate the projected date that the corrective action strategy will be complete.

**Resources Required and Persons Responsible:** Identify and describe all resources (personnel, fiscal, and material) to be used for the implementation of each corrective action strategy and insert the name(s) of district personnel who will ensure implementation of the corrective action.

**Evidence of Implementation:** Describe the processes the district will use to verify implementation of each corrective action strategy and to monitor implementation. Include timelines for monitoring implementation.

**Comments:** If the district selected “Other” from the drop-down menu in the Root Cause column, provide information about the specific identified root cause in this column. The district can provide any other additional information that it feels is necessary related to the corrective action strategy described in this row of the DVM-D CAP.

The corrective action strategies identified in the DVM-D CAP should be integrated, as appropriate, into district and campus improvement processes, including the district and campus improvement plans. The district must ensure that appropriate staff members on each campus have a clear understanding of the district’s DVM-D CAP. The district also must monitor the progress of implementation of the CAP and evaluate completed corrective action strategies to determine effectiveness. Upon request, the district will provide TEA with updates regarding implementation, monitoring, and evaluation of the DVM-D CAP. The district is required to maintain appropriate documentation of implementation of the DVM-D process and implementation of the DVM-D CAP.

**Completion/Submission Due Dates**

All districts staged for DVM-D must complete the intervention activities by the dates listed in ISAM. Districts assigned a Stage 2 or 3 need to submit the DVM-D workbook(s), DVM-D CAP, and supporting documentation via ISAM by **April 10, 2015**. Districts assigned a Stage 1 need to complete the review process by April 10, 2015, and have documentation available for submission upon request from the agency.

**On-Site Program Review**

An on-site program effectiveness review may be scheduled for the following reasons:

- Failure to successfully complete intervention requirements;
- Failure to implement DVM-D CAP activities or provide verification of such implementation;
• Continuing non-compliance;
• Part of an integrated on-site review or special accreditation investigation; and/or
• Under the provisions of 19 Texas Administrative Code (TAC) §97, Subchapter EE or TEC §39.057.

Districts will receive additional notification and information if an on-site review is scheduled.

Additional Information

The district needs to take immediate actions to correct all noncompliance in a timely fashion. Failure to correct noncompliance may result in elevated interventions or sanctions, as referenced in TAC §97.1071.

Information documenting implementation of the DVM-D review process must be maintained by the district. This includes documentation regarding which student folders were reviewed during the process. Appropriate implementation of the system, as well as integrity of the data reflected in the system, are subject to future document review, validation, and verification by the agency.

Under the requirements of TEC §7.028(b), the board of trustees of a school district or the governing board of a charter school has primary responsibility for ensuring that the district or school complies with all applicable requirements of state educational programs, including the PEIMS reporting of discipline/dropout data. Therefore, any findings of noncompliance with program requirements should be presented to the board of trustees or governing body for discussion and action.

TEC §11.255 requires each district-level planning and decision-making committee and each campus-level planning and decision-making committee for a junior, middle, or high school campus to analyze information related to dropout prevention and use the information in developing district and/or campus improvement plans. Therefore, the DVM-D district leadership team is required to provide to the district-level planning and decision-making committee and appropriate campus-level planning and decision-making committees any inaccuracies identified in the coding of student discipline records. Additionally, the DVM-D district leadership team is required to provide the same information to the PBMAS district leadership team for consideration of possible impact on PBMAS discipline indicators.